



Flip-Up Bioptic Telescope System ORDER FORM

OCUTECH® SightScope®

FAX: 919 967-8146

ACTION REQUESTED: [] Estimate Only [] Place Order DATE _____
ACCOUNT NAME _____ PATIENT NAME _____
PRESCRIBER'S NAME _____ PATIENT AGE _____ [] M [] F
ADDRESS _____ PATIENT DIAGNOSIS _____
CITY _____ STATE _____ ZIP _____ P.O. NO. _____
COUNTRY _____ PHONE _____ OFFICE CONTACT _____
EMAIL ADDRESS _____ FAX _____

1 TYPE of ORDER: [] Frame-Mounted System [] Patient Clip-on System [] Demonstrator Clip-on System

2 SIGHTSCOPE TELESCOPE [] 1.7x [] 2.2x For which eye(s)? OD [] OS [] OU []

SIGHTSCOPE FIELD EXPANDER [] 0.5x FE For which eye(s)? OD [] OS [] OU []

3 CARRIER LENSES [] Supply as specified below [] Provide without carrier lenses

Table with 4 columns: OD, ADD, Distance PD, OD, OS; OS, ADD, Near PD, OD, OS

Lens Type: _____ Material: [] CR-39 [] Hi-Index [] Polycarbonate Seg. height _____

Special instructions: (Tint, coatings, etc.) _____

4 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

Ocutech Unisex Frame Size: [] 49/18 [] 51/18 [] 53/18 (Available in Bronze and Silver) [] Gold [] Bronze [] Silver

Ocutech K Style Frame Size: [] 51/18 [] 53/18 [] 55/18 [] 57/18 [] Gold [] Bronze [] Silver

Ocutech Sleek Frame Size: [] 50/18 [] 53/18 [] Silver [] Gun Metal

Temples Skull [] 135 [] 140 [] 145 Cable [] 155 [] 160 [] 165

Pediatric [] K Style 48/18/140 [] Unisex 47/18/140 [] Silver [] Bronze

5 ACCESSORIES (Cleaning cloth and neckstrap are included with each system order)

Patient Case [] Yes [] No [] Other: _____

Slip-behind Sunfilters [] Gray [] Brown [] Blue Blocker [] Yellow [] Set of Four [] Red

Reading Cap [] OD [] OS [] OU Power: _____

6 SPECIAL INSTRUCTIONS: _____

7 AUTHORIZATION: _____

Card Type: [] VISA [] MasterCard Card # _____ Code _____ Exp. Date _____

Name on Credit Card _____

Signature _____ Date _____